

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/284024

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51						
2		1		/			52						
3		2		/			53						
4		0		/			54						
5		0		/			55						
6		0		/			56						
7		0		/			57						
8		0		/			58						
9		2		/			59						
10		2		/			60						
11		2		/			61						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS							TOTAL CLAIMS						

BEST AVAILABLE COPY